

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/089647	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	/				51					
2	/				52					
3	/				53					
4	/				54					
5	/				55					
6	/				56					
7	/				57					
8	/				58					
9	/				59					
10	/				60					
11	/				61					
12	/				62					
13	/				63					
14	/				64					
15	/				65					
16	/				66					
17	/				67					
18	/				68					
19	0				69					
20					70					
21					71					
22					72					
23					73					
24					74					
25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	/				TOTAL IND.					
TOTAL DEP.	18				TOTAL DEP.					
TOTAL CLAIMS	19				TOTAL CLAIMS					